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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 246472008400	
Application Number 10/550,594		Filed September 23, 2005	
For METHOD FOR PRODUCTION OF HOLLOW GRINDING BODIES AND GRINDING BODY THUS PRODUCED			
Art Unit 1725		Examiner L. Tran	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

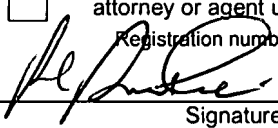
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 ~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission ~~in duplicate.~~

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 28,055

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____


 Signature

August 14, 2007
 Date

Barry E. Bretschneider
 Typed or printed name

(703) 760-7743
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.



08/16/2007 IADD01 00000001 031952 10550594

01 FC:1252 4.00 DA

08/16/2007 CNGUYEN2 00000001 031952 10552594

01 FC:1252 446.00 DA



<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td><td style="width: 70%;">(\$) 450.00</td></tr></table>		TOTAL AMOUNT OF PAYMENT	(\$) 450.00	<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Application Number</td><td style="width: 50%;">10/550,594</td></tr><tr><td>Filing Date</td><td>September 23, 2005</td></tr><tr><td>First Named Inventor</td><td>Jens-Peter THIEL</td></tr><tr><td>Examiner Name</td><td>L. Tran</td></tr><tr><td>Art Unit</td><td>1725</td></tr><tr><td>Attorney Docket No.</td><td>246472008400</td></tr></table>		Application Number	10/550,594	Filing Date	September 23, 2005	First Named Inventor	Jens-Peter THIEL	Examiner Name	L. Tran	Art Unit	1725	Attorney Docket No.	246472008400																																																										
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<p>METHOD OF PAYMENT (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments</p>																																																																											
<p>FEE CALCULATION</p> <p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table> <p>2. EXCESS CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 (including Reissues)</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3 (including Reissues)</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr></tbody></table> <p>Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims</p> <p>_____ - = _____ x _____ = _____ Fee (\$) Fee Paid (\$)</p> <p>HP = highest number of total claims paid for, if greater than 20.</p> <p>Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)</p> <p>_____ - = _____ x _____ = _____</p> <p>HP = highest number of independent claims paid for, if greater than 3.</p> <p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <p>Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)</p> <p>_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____</p> <p>4. OTHER FEE(S)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Fees Paid (\$)</th></tr></thead><tbody><tr><td>Non-English Specification, \$130 fee (no small entity discount)</td><td></td></tr><tr><td>Other (e.g., late filing surcharge): <u>1252 Extension for response within second month</u></td><td>450.00</td></tr></tbody></table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180		Fees Paid (\$)	Non-English Specification, \$130 fee (no small entity discount)		Other (e.g., late filing surcharge): <u>1252 Extension for response within second month</u>	450.00
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<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">Signature</td><td style="width: 30%; text-align: center;"></td><td style="width: 20%;">Registration No. (Attorney/Agent)</td><td style="width: 20%;">28,055</td></tr><tr><td>Name (Print/Type)</td><td>Barry E. Bretschneider</td><td>Telephone</td><td>(703) 760-7743</td></tr><tr><td></td><td></td><td>Date</td><td>August 14, 2007</td></tr></table>				Signature		Registration No. (Attorney/Agent)	28,055	Name (Print/Type)	Barry E. Bretschneider	Telephone	(703) 760-7743			Date	August 14, 2007																																																												
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